

taking too much protein. Thin, green acid stools denote too much carbohydrate. Too much fat causes vomiting towards the end of digestion. Too little fat is often the cause of constipation. . . .

Much of the success of rearing a marasmus baby depends on keeping it very warm and free from chills.

In acute diarrhoea and vomiting, \mathfrak{zss} of castor oil would be given as early in the attack as possible. Milk would be entirely withheld, and during the first twelve hours only sips of tepid water given; if vomiting is severe, all food must be withdrawn for twenty-four hours, thirst relieved by two-hourly salines, consisting of normal saline $\mathfrak{z}ii$, per rectum, and the mouth cleaned with weak lemon juice or glycerine and borax. After twenty-four hours, small feeds ($\mathfrak{z}\frac{1}{2}$ to $\mathfrak{z}i$) of egg-albumen water, beginning with half an egg during the first twelve hours, and increasing to two eggs very gradually, if well borne. Well-cooked barley water or rice water is added as the condition improves.

Milk is usually introduced first as whey, one feeding in twenty-four hours; chicken and veal tea, with all fat removed, are favoured, and some form of predigested food is next given, but all additions must be most carefully prepared, and given with extreme caution.

Miss U. M. Quilter says:—The feeding of a child suffering from marasmus must be more varied than that of a healthy child. He will need feeding more often, and with smaller feeds. To each feed one teaspoonful of cream should be added. Raw meat juice should be given two or three times during the twenty-four hours, also every day a small quantity of fresh fruit juice.

Many babies greatly improve if they are dressed in flannel garments wrung out in cod liver oil, as through the skin they absorb the nourishment of the cod liver oil.

A child suffering from acute diarrhoea and vomiting should immediately be taken off milk of any kind. Boiled water may be given *ad lib.* If the child is very collapsed, brandy ηv by mouth and saline $\mathfrak{z}v$ per rectum.

Sherry whey, with alternate feeds of albumen water, can be given in small feeds every hour, but if the vomiting is very severe, albumen water only should be given, and saline per rectum.

The child will need to be kept very warm, as the temperature often falls to 95° . As the vomiting and diarrhoea improve, feeds of sherry whey and diluted milk in small quantities should be tried and gradually increased, and by slow careful means the child, as he improves, must be put on to his ordinary diet.

In some cases where there is not much vomiting a baby will do well if he is kept entirely on veal or mutton broth. The most important thing to be done is to stop all milk immediately, as the germs of enteritis thrive on milk.

The three essential needs of all babies are absolute cleanliness, fresh air, and warmth.

Miss E. Barrodale, writing of a healthy child, says:—If for any reason the child cannot be breast fed, the bottle should be of the boat-shaped variety, without tubing, and with a teat that is not too hard for the child to suck. It is a good plan to give $\mathfrak{z}i$ of olive oil before the first morning feed, each day. It lubricates the intestine and helps to prevent any accumulation of faeces. . . . In a child suffering from marasmus, the point is to find a suitable food for the individual case, as a child will not thrive on too rich a food, any more than it will on an indifferent one. If a child is a true marasmus, whatever his food may consist of, he will go progressively downhill, the fault being some obscure defect in the assimilative processes. No hard and fast rule of feeding can be given. . . . A point to remember is to try one food properly before having recourse to another.

A child suffering from acute diarrhoea and vomiting should not have any food except sips of water for the first 24 hours, or longer, if the character of the stools does not alter.

It may be ordered to wash out the stomach. The colon could be washed out with warm solution, probably saline, after which a dose of castor oil would be given to clear the small intestine. A baby will stand lack of food if it is kept warm and supplied with fluid.

Afterwards small feeds of albumen water, weak veal broth, meat essence, and whey could be very gradually added, leading up to milk last of all, which would, of course, be well diluted. In case of collapse the colon could be irrigated with warm saline, in the hope that some of it would be absorbed; failing that, subcutaneous injections of saline might be ordered.

We have received an excellent paper on this question from Miss Dorothy M. Clarke, which, however, exceeds the limit of 750 words for the competition. We hope to publish it at an early date, as the feeds are given in tabulated form, which is so useful to babies' nurses.

QUESTION FOR NEXT WEEK.

Describe the different kinds of sputum, mentioning the cases in which each is found. How would you disinfect that from a case of phthisis?

[previous page](#)

[next page](#)